

Driver's Application for Employment

Applicant Name _____ Date of Application _____
(please print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protect group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application to James R. Bailey Hauling.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of James R. Bailey Hauling.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review the information provided by the previous employer(s)
- Have errors in the information corrected by previous employer(s) and for this previous employer(s) to re-send the corrected information to James R. Bailey Hauling
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

IF REJECTED, SUMMARY REPORT OF REASON(S) TO BE PLACED IN FILE.

SIGNATURE OF INTERVIEWING OFFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED VOLUNTARILY QUIT OTHER _____

TERMINATION REPORT PLACE IN FILE _____ SUPERVISOR _____

APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

Position(s) Applying for _____

Name _____ Social Security # _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
 _____ Phone _____ How Long? _____
State Zip Code YR/MO

Previous Addresses _____ How Long? _____
Street City State & Zip Code YR/MO
 _____ How Long? _____
Street City State & Zip Code YR/MO
 _____ How Long? _____
Street City State & Zip Code YR/MO

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ If yes, Where? _____
 Dates: From _____ To _____ Rate of Pay _____ Position _____
 Reason for leaving _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Here you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____

If yes, please explain. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the last 3 years. List the complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR	TO MO.	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR	TO MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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NAME			FROM MO. YR	TO MO. YR
ADDRESS			POSITION HELD	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1. Weighs or has a GVWR of 10,001 pounds or more. 2. Is designed or used to transport more than 8 passengers (including the driver), OR 3. Is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

B. Has any license, permit or privilege ever been suspended or revoked?

YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CHECK TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO >>	<<<MORE THAN 8 PASSENGERS			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO >>	<<<MORE THAN 15 PASSENGERS			
OTHER: _____	_____			

LIST STATES OPERATED IN FOR THE LAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR JAMES R BAILEY HAULING:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED – NAME: _____ CITY/STATE: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____